

Child and Adult Care Food Program Menu Record

MONTH: _____ YEAR: _____

CENTER NAME: _____

	DATE:	DATE:	DATE:	DATE:	DATE:
BREAKFAST 1) Fluid Milk 2) Fruit, Vegetable, or Juice 3) Bread/Grain 4) Other					
SNACK (Choose 2 out of 4) 1) Fluid Milk 2) Meat/Meat Alternate 3) Fruit, Vegetable, or Juice 4) Bread/Grain	/	/	/	/	/
LUNCH 1) Fluid Milk 2) Meat/Meat Alternate 3) Fruit, Vegetable, or Juice 4) Bread/Grain 5) Other					
SNACK (Choose 2 out of 4) 1) Fluid Milk 2) Meat/Meat Alternate 3) Fruit, Vegetable, or Juice 4) Bread/Grain	/	/	/	/	/
SUPPER 1) Fluid Milk 2) Meat/Meat Alternate 3) Fruit, Vegetable, or Juice 4) Bread/Grain 5) Other					

I certify that I have served the above meals in the proper amounts in accordance with the Child and Adult Care Food Program meal pattern requirements.

Signature

Date

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